SUPPLEMENT

TO THE

# BRITISH MEDICAL JOURNAL.

LONDON, SATURDAY, MARCH 1st, 1924.

## CONTENTS.

| | PAGE |
|---|---|
| **BRITISH MEDICAL ASSOCIATION.** | |
| **Proceedings of Council** | 117 |
| CURRENT NOTES: | |
| The Middlemore Prize | 122 |
| Visits from Headquarters | 122 |
| Annual Meeting, Bradford: Section of Pathology and Bacteriology | 122 |
| ASSOCIATION NOTICES | 122 |
| NAVAL AND MILITARY APPOINTMENTS | 123 |
| VACANCIES AND APPOINTMENTS | 123 |
| DIARY OF SOCIETIES AND LECTURES | 124 |
| POST-GRADUATE COURSES AND LECTURES | 124 |
| ASSOCIATION INTELLIGENCE AND DIARY | 124 |
| BIRTHS, MARRIAGES, AND DEATHS | 124 |

## British Medical Association.

### PROCEEDINGS OF COUNCIL.

A meeting of the Council of the Association was held at 429, Strand, W.C., on Wednesday, February 13th, and was continued on the following morning. The heavy agenda, owing to the abandonment of the December meeting, made it impossible to conclude the business in one day. Dr. R. A. Bolam (Chairman of Council) presided, and the following were present:

Dr. R. Wallace Henry (Chairman of Representative Body), Sir William Macewen (Past President), Mr. J. Basil Hall (President-elect), Dr. H. B. Brackenbury (Deputy Chairman of Representative Body), Dr. G. A. Allan, Dr. T. Ridley Bailey, Surgeon Rear-Admiral Sir Percy Bassett-Smith, Dr. H. S. Beadles, Dr. J. W. Bone, Dr. H. C. Bristowe, Dr. H. Guy Dain, Dr. J. S. Darling, Dr. James Don, Dr. C. E. Douglas, Mr. T. P. Dunhill, Mr. W. McAdam Eccles, Dr. C. E. S. Flemming, Dr. E. R. Fothergill, Dr. T. W. H. Garstang, Dr. T. Duncan Greenlees, Mr. N. Bishop Harman, Dr. C. B. Heald, Mr. F. Strong Heaney, Dr. R. Langdon-Down, Dr. P. G. Lee, Dr. E. K. Le Fleming, Sir Richard H. Luce, Dr. Arnold Lyndon, Dr. J. A. Macdonald, Dr. J. McGregor-Robertson, Dr. R. B. Mahon, Dr. A. Manknell, Dr. O. Marriott, Dr. G. W. Miller, Dr. Hugh Miller, Mr. A. W. Nuthall, Dr. W. Paterson, Dr. R. C. Peacocke, Dr. F. Radcliffe, Lieut.-Colonel J. W. F. Rait, Dr. C. Sanders, Dr. D. A. Sheahan, Mr. H. S. Souttar, Dr. John Stevens, Dr. W. E. Thomas, Dr. G. Clark Trotter, Mr. E. B. Turner, Dr. E. O. Turner, and Sir Jenner Verrall.

Among those who sent apologies for absence was the Treasurer, and at a later stage, before proceeding to the financial business, the Chairman reported that Dr. Haslip had been improving in health, but had been told at the beginning of his illness that a long period of convalescence would be necessary; he was now able to take some exercise, which until recently he had been unable to do.

*The Association in Australasia.*

Sir William Macewen, Past President, who was warmly welcomed on his return from Australasia, gave the account of his visit which was reported in the Journal last week (p. 340).

Dr. W. H. Crago, honorary treasurer of the New South Wales Branch, was present at the Council meeting by invitation, and the Chairman said that the Council would like Dr. Crago to take back to New South Wales a message of sympathy and fraternal greeting. (Applause.)

Dr. Crago said that he had been a member of the Association for about forty years; in 1889 he was elected to the Branch Council, and was afterwards appointed successively treasurer, vice-president, and president, and then treasurer again. When he first held office the membership of the Branch was 120; now it was over 1,300. He had had a good deal to do with procuring a suitable building for the Association in Sydney, and the building in which it was now housed was an asset to the Branch. He wished to thank the London office for their kind help in many ways during his visit to this country.

At a later stage of the proceedings the Council approved a draft model memorandum and articles of an Australian incorporated Branch, as drawn up by the Australian Federal Committee, and assented to the proposal of that Committee that any Branch in Australia desiring to incorporate itself should draft its own memorandum and articles in accordance with that model for the consideration of the central Council.

The Chairman reported that he had asked Sir John Lynn-Thomas, a former member of Council, who would be visiting New Zealand at the time, to attend as a delegate a conference of the New Zealand Branch which was to be held at Auckland at the end of February, and Sir John had agreed to act and to convey the cordial wishes of the Council for the success of the conference and of the Branch. The Chairman's action was approved.

*Canada and the Annual Meeting.*

An invitation from the Canadian Medical Association, supported by the Manitoba Medical Association and the Winnipeg Medical Society, to hold the Annual Meeting in Winnipeg in 1927, in conjunction with the meeting of the Canadian Medical Association, was very carefully considered. The Chairman reminded the Council that the Annual Meeting of 1925 would be held at Bath; that of 1926 at Nottingham; and that, for 1927, an invitation had been received from the Edinburgh Branch, with the reminder that Edinburgh in the centenary year of Lister's birth would be a specially appropriate centre. It was not necessary to make a binding decision with regard to the Canadian invitation immediately, but it was not too soon to discuss the possibilities.

Various questions were asked with regard to likely travelling facilities; expenses, it was said, could not be forecast with any precision; other questions referred to the work of preparing for the meeting, and the procedure followed on the last occasion when the Association met in Canada. The acceptance of the invitation, if it was at all practicable, was urged by several members, including Dr. Ridley Bailey, who said that until he went to the Montreal Meeting he had never understood what hospitality really meant. On the other hand, it was pointed out that if Winnipeg were the place of meeting it would entail a much greater expenditure of time and money than if the meeting were in one of the eastern cities. The separation of the Representative Meeting (which must almost necessarily be held in the home country) from the Scientific Meeting would, it was thought, be a disadvantage. The Chairman said that he was extremely sensible of the attractiveness of the Canadian invitation, but he did not like the idea of relinquishing the Annual Meeting at home, and he thought it might prove possible to send a contingent of members to Canada for the meeting of the Canadian Medical Association, and yet to

hold the Annual Meeting in Great Britain, or it might even be within the bounds of possibility to hold two Annual Meetings in one year.

The Medical Secretary pointed out that the question of closer co-operation with the Canadian Medical Association was at present under discussion, and that there was a recommendation from the Organization Committee to accept an invitation from the Canadian Association to send two delegates to the annual meeting of that body at Ottawa and Montreal this year in order to discuss affiliation. Dr. Cox suggested, therefore, that the delegation should be empowered to add this question of a possible Canadian meeting to the subjects for conversation. He was fully alive to the disadvantage of abandoning the Annual Meeting at home for one year, but he thought it would be almost equally disadvantageous if Canada was allowed to feel that there was any failure to appreciate its invitation.

Eventually it was agreed to defer the matter until the report of the Organization Committee came up for discussion. This Committee recommended that the invitation of the Canadian Medical Association to the Medical Secretary and another delegate to attend the Annual Meeting in 1924 for the purpose of discussing affiliation and other subjects of interest to the two bodies be accepted. Sir Jenner Verrall, who introduced the subject in the absence of Dr. Morton Mackenzie, chairman of the Organization Committee, said that whether a basis of affiliation was arrived at or not the matter could not be carried to a conclusive stage by correspondence.

The invitation was accepted unanimously, and Dr. Fothergill then proposed that Sir Jenner Verrall should be the delegate to accompany the Medical Secretary. He said that no one could better fulfil the task. Dr. Lyndon seconded the nomination, which was supported by the Chairman of Council, and carried with acclamation. Sir Jenner Verrall said that he was very much obliged for the compliment, and would do his best.

It was then decided that the question of the Annual Meeting of 1927 be adjourned until the delegates had returned from Canada (which would be before the date of the Representative Meeting) and had reported on the conversations. It was proposed that the difficulties should be frankly explained, in particular those arising from the choice of a centre so far from the Atlantic seaboard as Winnipeg, and that the possibilities of some alternative plan or of a date later than 1927 should be explored. It was left to the Office Committee, with Sir Jenner Verrall, to make suggestions, which would be brought forward at the next Council meeting.

*The Situation in South Africa.*

Another overseas matter which was considered at length was the organization of the profession in South Africa. Sir Jenner Verrall gave an account of the recent history of affairs in that country. In 1923 two referendums were taken—one of the whole profession, and the other of Association members. The former resulted (out of a total vote of 1,288) in a majority of 190 in favour of affiliation of the South African Medical Association with the British Medical Association. The referendum of the members of the South African Branches (with 74 per cent. of the total membership voting) showed that, out of ten Branches, seven were in favour of the *status quo*, as against the new Association, and the majority over all in favour of the *status quo* was 29. He said that both those who were responsible for the movement towards a South African Medical Association and those who were desirous that the British Medical Association should continue there were agreed that they were at the parting of the ways. The result of the referendum of Association members more than justified the Association in taking steps to maintain the *status quo*, and this made the appointment of an organizing medical secretary, as suggested by the South African Medical Committee, the more desirable. The Association at home had some responsibility in the matter, for it had led the men in South Africa to believe that those at home were anxious, as they were, to do all in their power to maintain the Association in the Dominion, unless our members there clearly showed they were anxious for a change. He moved a resolution adhering to the policy already inaugurated for supporting the South African Committee and Branches, and favouring the appointment of an organizing secretary for South Africa.

Dr. Macdonald supported the recommendation, and spoke of what he had learned of the conditions in South Africa during his visit. Given an organizing secretary—a medical man of energy—he was sure that the Association would more than hold its own. The Chairman of Council said that no doubt in course of time the schools of South Africa would furnish the medical graduates for that country, but the tendency in this direction was not so marked as he had at first supposed. In Capetown only half a dozen medical men had graduated during the past year, and it would be some time before twenty per annum were forthcoming. At the same time, it was a question for consideration whether the appointment of an organizing secretary and the pushing of the claims of the Association would be likely to lead to a situation in which, should the colonial feeling in South Africa become preponderant, such an affiliation as they were now approaching in Canada would be impossible. Dr. Brackenbury also considered that if in the next few years the situation in South Africa so developed that the South African Medical Association were to be generally accepted, it was important now to refrain from taking any action which would be likely in that contingency to prevent affiliation. He hoped that a friendly atmosphere would remain, and he deprecated any fighting resolution, although he agreed that in the existing state of affairs it was the duty of the Council to give its support to the South African Branches.

Mr. Bishop Harman said that it was by no means clear that even if the British Medical Association retired from the field its members would join the South African Association. South Africa came very largely to English and Scottish universities for her medical men. Mr. McAdam Eccles spoke also of graduates of South African birth who had gone out from British medical schools to South Africa and had learned here that the British Medical Association was something well worth supporting. Sir Jenner Verrall, in reply to a question, expressed the opinion that the reason why the Association had not made more ground than was evidenced by the recent referendum was the great difficulty of keeping the members in touch with the Association and the want of a travelling organizing secretary.

The recommendation, with a slight verbal alteration, making it read, "That the Council adhere to the existing policy of supporting the South African Committee and the South African Branches," was agreed to.

It was then proposed on behalf of the Organization Committee by Sir Jenner Verrall, on the assumption that such a secretary would cost something like £2,000 per annum, that the Association should grant towards this amount a sum of £700 per annum for three years, on the condition that the members of the Association in South Africa found the balance, the arrangement to be subject to revision at the end of three years.

Dr. Macdonald desired that the sum furnished by headquarters should be £1,000. The conditions in South Africa, especially the vast distances to be traversed, must be borne in mind. The matter could not be dealt with strictly on business lines; a certain element of sentiment must come in. To increase the amount to £1,000 would be a little gesture of generosity. The amendment was supported by Dr. Greenlees, Dr. Lyndon, and Dr. Douglas. Dr. Douglas said that he knew what was formerly the Orange Free State from war experience, and he could testify that the man who had to travel about that country and look up the doctors had a very heavy task in front of him.

The Chairman of Council said that the Finance Committee had the opportunity of considering only the proposal for £700, to which it took no exception, but Dr. Macdonald had mentioned that at the meeting of Council he would propose a higher figure, and this proposal had a certain amount of unofficial sympathy from members of the Finance Committee. He thought that neither of the Committees concerned was pledged to that particular figure.

Dr. Macdonald's proposal to increase the amount to £1,000 was then put and carried. It was stated that a cable would be sent to South Africa conveying the decision of the Council.

*The New Association Building.*

Dr. Wallace Henry took the chair during the discussion on the new headquarters of the Association, so that Dr. Bolam might give a full account of the progress of the work. Dr. Bolam said that several meetings of the Building Subcommittee had been held, and Dr. Brackenbury and Mr. Bishop Harman had been co-opted. Negotiations had been proceeding between the Association and the Bedford Estate, and endeavours had also been made to come to an arrangement with the present lessees of some of the adjoining houses so as to permit of the immediate building of extensions. The original intention was to amplify the accommodation which already existed by putting on to the unfinished ends two wings or "towers"; it was found, however, that the plans as drawn in the first instance would overlap an existing building, the possession of which could not at present be obtained. The side towers had therefore been abandoned in favour of the completed wings when such work became possible. Further, it appeared that some of the various interests could not be reconciled, and that in view of the difficulties the wisest course in the Office Committee's view was not to proceed with any building operations whatever, and to defer all extensions until after Michaelmas, 1926, at which date the leases would be determined and possession obtained. In the meantime the interior would be decorated and completed, and the building generally made ready for use; the extensions of the wings could be made when the leases fell in. This modification of the plans necessitated a radical rearrangement of the space allotted to the various departments, in some cases actual transposition, but the provision for all of them was still adequate. He indicated, with the help of plans, the revised apportionment.

Some discussion took place on the new allocations, and the fear was expressed by some members that the sanitary arrangements were inadequate. Dr. Bolam said that the Committee at a later stage, when arrangements were rather further advanced, proposed to request one of the members of Council who was a medical officer of health to give his opinion on this matter. The acoustics of the large conference hall, considering its size, were quite surprisingly good. Dr. Douglas suggested that the dais should be placed at the side and not at the end of the hall. Dr. Bolam outlined certain proposals for decorating the hall; one artistic authority who had been consulted considered that the walls would offer a good opportunity of showing the value of mural painting. He also indicated the proposals for the treatment of the Council chamber and the library. Every possible use would be made of the existing woodwork—oak in the Council chamber and mahogany in the library—at 429, Strand.

Dr. Bolam concluded a long discussion by moving that the rough ends of the wings of the new building should be temporarily covered in; that decorative wrought-iron railings and gates should be erected to enclose the main courtyard; and that the Office Committee should be empowered to proceed with the necessary completion and alteration of the interior of the building, including the completion of the great hall up to a certain sum.

Dr. Dain asked whether the proposed wrought-iron railings and gates would be part of the main building when it was finished. Dr. Bolam replied in the affirmative, and the resolution was then carried unanimously. Dr. Bolam expressed his personal indebtedness to the Financial Secretary (Mr. Ferris-Scott) and his staff, in particular Mr. Griffiths, for the help given to the Building Subcommittee at every stage of the proceedings.

*Memorial to Fallen Members.*

Dr. Bolam said that when the wings of the new building were completed there must be something in the nature of a screen and gatehouse to control access to the courtyard, and this would furnish the opportunity to construct a Gate of Honour as a permanent memorial to the members of the Association who fell in the great war. The suggestion had been made that an appeal should go out to every member of the Association for financial support for the project. On the other hand it was urged, he thought with cogency, that this was an expenditure which the funds of the Association itself ought properly to bear. In the nature of things, if it was a voluntary appeal, not every member of the Association would contribute, especially after the time that had elapsed; he therefore asked the Council to authorize the expense of the gates being borne by Association moneys. A screen of some sort was necessary, and had already been authorized by the Council. The proposition really was that this screen, with its gates and gatehouse, should be of such a character as would form a fitting memorial. Mr. McAdam Eccles asked whether there were to be any indications on the structure that it was a memorial. Mr. Bishop Harman said that there would be room for a narrow band under the decorated part which might be filled in with letters bronzed and gilded. Gilded bronze surfaces were almost indestructible. Dr. Macdonald supported the proposal that the expense should be borne by the Association.

The construction of a Gate of Honour as a memorial—the cost, including the provision of wrought-iron gates, to be borne by the Association—was agreed to unanimously. It was reported that the illumination and lettering of the Book of Honour had now been completed, and the book was available for inspection by the Memorial Committee.

*The Insurance Capitation Fee.*

The report of the Insurance Acts Committee was mainly concerned with recounting the recent negotiations with regard to the insurance capitation fee, leading up to the inquiry by the court, and its result.

Mr. Nuthall said that this report, although it contained no recommendations and no contentious matter, ought not to be passed over in silence. As one who had only an indirect connexion with the insurance service, but who, as a member of the Council, had followed recent history very closely, he thought that the Council should record its appreciation of the work of the active members of the Insurance Acts Committee, and particularly its Chairman, Dr. Brackenbury, who had carried through this business in a way that redounded to the dignity of the Association, as well as to the advantage of all insurance practitioners. (Applause.) Dr. Douglas said that the Scottish Committee desired to pay a tribute to Dr. Brackenbury and his colleagues. The conduct of the case before the Court of Inquiry had revealed exceptional talent and sagacity on the part of Dr. Brackenbury and the Medical Secretary.

The Chairman of Council said that he understood that it was the desire of the Council to endorse upon the minutes some appreciation of the extraordinary work done by the Insurance Acts Committee, and in particular the special services rendered by its Chairman. They had been particularly fortunate in the activity of the Committee during the last twelve months.

The Council endorsed these expressions by general acclamation.

*Organization Matters.*

The Organization of Medical Students Subcommittee was empowered to call a conference between its members and representatives of the twenty-four Divisions and Branches in the United Kingdom within whose areas medical schools are situated, to which conference the officers of the Association would be invited. A new standing order agreed to provide that should any of the Home Branches furnish a report for the previous year satisfactory to the chairmen of the Organization Committee and the Grants Subcommittee, and showing that the Branch was in urgent need of money, the Treasurer should be empowered to make an immediate payment on account at the rate of one shilling per member. The Home Divisions were grouped for representation in the Representative Body in the same manner as before, except that the Finchley Division and (if it became organized and recognized in time) the Hendon Division of the Metropolitan Counties Branch should be independent constituencies. The grouping of Home Branches for the election of Council was made the same as before, except for a slight readjustment in the case of one of the northern Branches.

*Indirect Methods of Advertising.*

The matter of principal discussion on the report of the Central Ethical Committee was an amended report on indirect methods of advertising. Dr. Langdon-Down, the Chairman of the Committee, reminded the Council that

the original report was presented a year ago, but in the meantime the General Medical Council, following upon Dr. Bolam's motion, had amended its Warning Notice on advertising and canvassing in order to make the scope of the notice more clear and comprehensive. In the light of this new pronouncement by the General Medical Council his Committee had revised its original report. It was thought desirable to draw the attention of the members to the new situation created by the revised Warning Notice. The Committee in its memorandum had examined the matter from the point of view raised during previous discussions in the Council of the Association, and had analysed the customs of the profession. He proposed that the report be adopted and sent to the Representative Body.

Dr. Fothergill criticized the report in certain respects. He considered that even the Warning Notice of the General Medical Council was too sweeping, seeing that, if strictly interpreted, it would rule out many advertisements even in the medical press. He moved that the report be referred back with a view to a consultation by the Committee with certain recognized representatives of the press. Mr. Bishop Harman seconded the reference back. He viewed with disfavour the idea that members of the medical profession should stand aside from all matters of newspaper controversy, or, if they entered it, should do so anonymously. Every community was biased strongly in favour of the personal element, and no anonymous communication, however weighty, would be as effective as one signed in the ordinary way. He thought some of the principles laid down in the report were impracticable. Sir Jenner Verrall remarked that the choice was between keeping up the high professional standard hitherto held in this country or taking the wider latitude which was not objected to by the profession in some other countries.

The Chairman of Council was of opinion that no useful purpose would be served by approaching the press. The fundamental interest of the lay press was against the profession in this matter. The press desired to give the public the information and the personalities which it thought the public wanted, and was impatient of the barriers set up by professional etiquette. He disagreed also with the view that an anonymous communication to the press or a communication without a professional address, provided that its matter and its reasoning were sound, did not carry the weight which a signed and addressed communication might do. With regard to the pronouncement of the General Medical Council, this must be regarded as having been framed so widely as to meet any case which the Council might be called upon to decide. He congratulated Dr. Langdon-Down and the Central Ethical Committee on the very excellent way in which the Committee had dealt with this most difficult subject.

Dr. Langdon-Down agreed that the methods of approach of the profession and of the press were incompatible, and that little purpose would be served by a discussion between the two. The report was not merely an idealistic document; it was an effort to harmonize the ideals of the profession with the requirements of everyday practice.

Dr. Fothergill's motion was lost, and the report was adopted.

*Direct Representatives in the General Medical Council.*

Mr. E. B. Turner, Chairman of the Medico-Political Committee, stated that the next election of Direct Representatives to the General Medical Council would take place in November of this year, and his Committee had considered how the campaign might be best conducted. The recommendations proposed were to circulate an advisory notice to the Divisions and to secure nominations from the Divisions, and to hold at the time of the Annual Representative Meeting a special meeting of representatives of constituencies in England and Wales to select from the list of nominees four persons as candidates, these candidates to be supported by the Association and every effort made to secure their return. The number of members of the Association voting at the last election was not satisfactory, and it was hoped to increase the number on this occasion. It was also proposed that the present Direct Representatives—Dr. R. A. Bolam, Dr. J. A. Macdonald, Sir Jenner Verrall, and himself—should draw up a combined report on their work during their period of office, this report to be circulated to representatives. Hitherto the Direct Representatives had had no opportunity of giving any account of their stewardship. Readers of the JOURNAL had seen accounts of the action they had taken in the General Medical Council itself, but much of the work of the General Medical Council was done in committees on which the two senior of the four members served. It might be well to consider, in view of the small number of electors in the Representative Body, the advisability of continuing to use the system of the transferable vote in the selection of the four members as candidates. He thought the Representative Body was not sufficiently large for such a method of voting. Dr. Wallace Henry said that as Chairman of the Representative Body he had not heard during the past two years any expressions of dissatisfaction with the transferable vote. The results appeared to have been quite fair and just. Dr. Brackenbury supported the views of the Chairman of the Committee with regard to the method of voting. He was himself a believer in the system of proportional representation, but to make any such system effective a constituency of considerable size was required. Other members also spoke in criticism of the method of the transferable vote, and ultimately it was agreed that the methods of voting at the Representative Meeting should be considered by the Organization Committee and brought up at the next meeting of Council. The other proposals with regard to the procedure in the election of Direct Representatives were agreed to, with the addition that chairmen and secretaries of Panel Committees, as well as representatives and Divisional officers, should be approached with a view to forming a general committee to promote the candidature of the Association's nominees.

A report by a Special Committee (on which the Association was represented) set up by the Society of Medical Officers of Health to consider the Midwives Act, 1902, and the rules of the Central Midwives Board, was considered. Among several other matters brought forward by Mr. Turner on behalf of his Committee was the question of the salaries which should be paid to locumtenents for Public Health Medical Officers.

*Conference with Society of Medical Officers of Health.*

Dr. Bolam introduced the report of the Conference between representatives of the British Medical Association and the Society of Medical Officers of Health. He said that it contained only one recommendation, rather an important one—namely, the adoption of a revised form of the scale of minimum commencing salaries for whole-time public health medical officers, in substitution for the scale adopted by the Representative Body in 1923. This was done under a resolution of the Representative Body authorizing the Council to make such alterations in detail as might be necessary to secure an agreed scale. The scale fixed by the Representative Body had met with a good deal of resistance and prejudice by reason of certain points which, although important, were really subsidiary. Certain requirements, if rigidly interpreted and applied to all cases without distinction, were apt to be a little embarrassing in negotiations with local authorities. The revisions would go back to the Representative Meeting for endorsement. The recommendation was agreed to.

*Port Medical Officers.*

Dr. Garstang brought forward a recommendation from the Public Health Committee with regard to whole-time port medical officers, who were not recognized in the scale of minimum commencing salaries, or, if they were recognized, were necessarily under an inappropriate classification. He therefore proposed, as a recommendation to the Representative Body, that the scale of minimum commencing salaries for whole-time port medical officers, directly responsible to a port sanitary authority, should be £800 per annum. He explained that there were only fourteen port medical officers of health in the kingdom, and ten of these appointments were held directly under the town or city council as the case might be; with regard to these ten no question was raised, but in the other four cases the port medical officer was appointed by an independent authority, and therefore it was thought well to have this provision in the scale. The recommendation was agreed to.

*Other Public Health Matters.*

Dr. Garstang moved a recommendation from the Public Health Committee that it was not advisable that whole-time medical officers of the public health service should accept fees for consultations. After discussion the recommendation was adopted in the terms stated. Dr. Garstang also stated that his Committee had considered the resolution of the last Representative Meeting referring it to the Council to consider whether the Government should be pressed to bring into operation the Milk and Dairies Act, 1915, and the Tuberculosis Order, 1914. The Committee recommended, after reviewing the situation, that a report be made to the Representative Body that the time was not opportune to press this course upon the Ministry of Agriculture and the Ministry of Health. Dr. Flemming moved an amendment that the Government be urged to take the necessary action to ensure that a supply of clean milk should be available for the whole community. Dr. Garstang pointed out the hopeless confusion of scientific opinion on this matter of clean milk, as illustrated at the recent Guildhall conference called by the National Clean Milk Society, and after some little discussion Dr. Flemming's amendment fell to the ground.

*The Formation of Medical Staff Funds.*

Mr. Bishop Harman, in presenting the report of the Hospitals Committee, brought forward a questionary which his Committee proposed to circulate with a view to obtaining the information required by a resolution of the Representative Meeting of 1922, showing the number of hospitals in which medical staff funds had been established, and other information with regard to those funds. He said that in circulating the questionary it would be stated definitely that no use would be made of the information obtained from any individual hospital. Later, on the suggestion of the Chairman of Council, he modified this promise to make it that the name of any individual hospital would not be disclosed. He added that when a former questionary was sent out replies were received from 50 per cent. of the hospitals. Mr. Souttar said that he was entirely in agreement with the Hospitals Committee in its desire to obtain this information, but he thought the information should be obtained in an unofficial manner. It was necessary to explain this matter very carefully to one's hospital colleagues, for it was no business of the Association to ask how the staff of a hospital chose to carry on its affairs. He was confident that in time the great teaching hospitals would come into line with the policy adopted. The recommendation was agreed to.

*Hospital Provident Schemes.*

A discussion took place on the scheme of the British Provident Association for hospital and additional services. Mr. Harman criticized the scheme in certain parts and moved a recommendation of disapproval. He said that there was nothing to prevent a man with an income of £1,000 a year subscribing as a single person to this scheme and taking advantage of its benefits. Dr. Brackenbury said that it might be that under the existing policy of the Association the Council had no option but to express disapproval of this scheme. At the same time he thought that when one was dealing with very vague and varied kinds of service which were required from hospitals, a rigid income limit was less important than some arrangement which would ensure that nobody would be allowed to have the treatment at the hospital without first seeing a practitioner and obtaining his recommendation. With this safeguard, and with that also of the almoner of the hospital—although both might possibly be evaded—it seemed that the scheme would not be open to objection. It was very difficult indeed to lay down a universal income limit which should apply to all kinds of hospital services. Accordingly he moved the reference back of the recommendation. Mr. McAdam Eccles seconded the reference back. Mr. Souttar said that he did not complain of the absence of an income limit from the scheme, but he thought the scheme as drawn up was likely to mislead the people who sought to share in its advantages. It appeared that no use could be made of the scheme by an individual apart from going into a hospital, and that a person joining the scheme was actually penalized unless he used the hospital in illness. Mr. Eccles defended the scheme, but said that if it did contain anything derogatory, he could assure the Council that its promoters would be ready to consider such points very seriously. Mr. Harman repeated that the reason for the disapproval of the scheme by the Committee was that it tended to encourage persons above the hospital class to take advantage of hospital treatment. Ultimately it was agreed to instruct the Hospitals Committee to investigate further the scheme and to approach the Provident Association in this matter.

In connexion with a scheme of hospital and convalescent benefit for employees of the London, Midland, and Scottish Railway, Mr. Bishop Harman said that the view of his Committee was that although the scheme contained no provision for the remuneration of the medical staffs of the hospitals, this was a matter which might be dealt with, not centrally, but by the staffs of each hospital concerned. Dr. Radcliffe and Sir Richard Luce spoke of the working of this scheme in their areas in the North and the Midlands; and the Committee's view was, after some discussion, agreed to.

*Naval and Military Committee.*

Sir Richard Luce, in presenting the report of the Naval and Military Committee, said that it contained no recommendations, but since the last meeting of the Council the Committee had carried out the Council's instructions with regard to approaching the Admiralty, Air Ministry, and War Office on the question of the present shortage of recruits for their respective medical services. Interviews had taken place, but the results at present could not be actually set out. It was hoped that before long some reply might be forthcoming from the War Office to certain recommendations made by the Committee, so that the Association would be able to do something to help the Army Medical Service. A further matter in which the Committee had been concerned was the future of the Indian Medical Service. A Royal Commission was now investigating the various questions relating to the civil services in India, but he understood that this Commission had refused to receive any evidence about the military side of the Indian Medical Service, or even to discuss the very important aspect of the civil side of that service as the only trained reserve of army medical officers in India. Altogether, the Committee did not feel that the Association could at present make any suggestions with regard to the matters which came before the Royal Commission. The report was approved.

*Proposed Association Prizes for General Practitioners.*

Mr. Souttar said, in bringing forward the report of the Science Committee, that the Committee had considered a proposal that the Council should appoint one or more lectureships to be held by general practitioners. The suggestion was made by a member of the Committee who was not a member of the Council, Dr. C. O. Hawthorne; it appealed strongly to the Committee, especially in view of the fact that the Association did nothing at present for the clinical worker in general practice. Instead, however, of a lectureship proper, he thought it would be a good thing to give a prize for a lecture or an essay every year. He moved that the Council should establish a prize for a lecture or essay to stimulate systematic observation, research, and record in general practice, and that the prize be awarded annually, and carry with it an honorarium of fifty guineas. The Chairman of Council said that this was a matter which he thought the Council would view with satisfaction. The recommendation was agreed to.

*Inquiry into Cardiac Disease.*

Mr. Souttar said that the Committee had considered the resolution passed by the Section of Medicine at the Portsmouth meeting requesting the appointment of a special committee to consider the best steps to be taken to combat the grave menace to the community arising from cardiac disease. The Committee, after carefully considering the matter, thought it would not be desirable for the Association to appoint such a committee, inasmuch as the Medical Research Council was at present carrying out investigations on certain aspects of this question, but that if the Association held an inquiry into the steps taken in relation

to the prevention, detection, and treatment of cardiac disease in children, and drew up a report on this subject for the information of local authorities, a very useful piece of work would be accomplished. A subcommittee with this reference had therefore been appointed under the chairmanship of Sir Humphry Rolleston, of which Dr. G. A. Allan, Dr. R. H. Miller, and Dr. F. J. Poynton were members. Dr. Allan complained of a certain limitation in the reference of this subcommittee; and Mr. Souttar agreed, on Dr. Allan's suggestion, to delete the reference to the information of local authorities and possible action by them, as this might make it appear that the work of the subcommittee was limited to that object. Dr. Allan also mentioned certain other names which might with advantage be added to the subcommittee, and it was agreed to ask the chairman of the committee to co-opt Dr. Carey Coombes (Bristol) and Dr. A. P. Thomson (Birmingham).

*Representation on Other Bodies.*

Dr. Garstang, Dr. Paterson, and Mr. E. B. Turner were appointed nominees of the Association on the Central Council for District Nursing, and thanks were expressed to Dr. M. G. Biggs for his previous service on that body. Dr. Dain and Mr. Bishop Harman were appointed delegates to the Conference of the National Council for Combating Venereal Diseases, to be held, under the presidency of the Minister of Health, at the British Empire Exhibition in May. Dr. Ridley Bailey and Dr. Flemming were nominated by the Council as representatives of the Association on the Council of the Society of Medical Officers of Health. A request was reported from the Minister of Health that the British Medical Association should appoint one person to be a member of the Court of Governors for the administration of the funds of the Rockefeller Foundation; Dr. Bolam was the unanimous choice of the Council. Dr. Garstang reported on the Conference of the National Clean Milk Society, which he had attended as representative of the Association.

In the course of the sitting several reports of committees were approved without giving rise to any discussion. These included the Finance, Journal, Scottish, and Non-Panel Committees, which were chiefly concerned with routine matters. The report of the Parliamentary Elections Committee, introduced by Dr. Le Fleming, contained an account of the assistance and approval given to certain medical candidates at the recent general election. The Committee received seven requests from candidates for approval, and in certain of these cases for financial assistance as well. Financial assistance was given in four cases, and approval without such aid in two others; in two further cases, in which there was no application for approval or assistance, but in which the candidates were old and tried friends of the Association, a letter of good wishes was sent. Of the eight candidates mentioned as having received approval or good wishes, four were returned.

The Council rose at 2 p.m. on the second day.

# British Medical Association.

## CURRENT NOTES.

### The Middlemore Prize.

THE Council of the British Medical Association at its meeting on February 13th decided to award the Middlemore Prize in 1925 to "that person who is adjudged to have submitted to the Association the best contribution on any ophthalmological subject, whether previously published or not, provided that the contribution shall not have been published or prepared more than three years prior to the date on which applications are receivable in competition for the Prize." The Prize will, as in past years, take the form of an illuminated certificate and a cheque for £50. An advertisement giving full particulars appears in this issue of the JOURNAL.

### Visits from Headquarters.

Early this month the Medical Secretary will make a tour among certain Divisions of the Association in England. Dr. Cox's itinerary, so far as is at present arranged, will be as follows: On Wednesday, March 5th, he visits the Bolton Division, dining with the members as their guest that evening. On the following evening at 8.30 o'clock he is due to address the Eastbourne Division, and on the 7th the South Shields Division. On Wednesday, March 12th, at 3.15 p.m., he will give an address to the Isle of Wight Division at Newport, on the following evening at 9 o'clock he will address the Southampton Division, and on March 25th the South Middlesex Division at Twickenham at 8.30 p.m. The Deputy Medical Secretary, Dr. Anderson, will visit the Huddersfield Division on March 5th.

### Annual Meeting, Bradford: Section of Pathology and Bacteriology.

Dr. Charles James Young, of the Royal Infirmary, Bradford, has been appointed to succeed Dr. William Campbell as local honorary secretary of the Section of Pathology and Bacteriology at the Annual Meeting of the British Medical Association to be held at Bradford next July. As announced in the JOURNAL of January 19th, Dr. Campbell is about to take up the Wernher Beit Chair of Bacteriology in the University of Capetown, to which he has lately been appointed.

# Association Notices.

## BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: COVENTRY DIVISION.—A meeting of the Coventry Division will be held at the Coventry and Warwickshire Hospital on Tuesday, March 4th, at 8.30 p.m. Agenda: Annual report; correspondence; a paper by Dr. James Neal, Secretary of the Medical Defence Union, on Some Difficulties met with in Medical Practice, and how they can be avoided.

BIRMINGHAM BRANCH: DUDLEY DIVISION.—A meeting of the Dudley Division will be held at the Town Hall, Stourbridge, on Wednesday, March 12th, at 2.45 p.m., when a British Medical Association Lecture will be given by Dr. Bernard Myers, C.M.G., on the Nutritional Disturbances of Infancy. Members of the Bromsgrove and West Bromwich Divisions are invited.

CAMBRIDGE AND HUNTINGDON BRANCH.—The next meeting of the Cambridge Medical Society will be held at Addenbrooke's Hospital, on Friday, March 7th, at 2.30 p.m. It will be devoted to clinical cases and pathological specimens and discussion thereon. Any member wishing to show cases or specimens should communicate with the Honorary Secretary, Dr. W. H. Bowen, as soon as possible. Members of the Cambridge and Huntingdon Branch are, by arrangement, entitled to attend the meetings of the Cambridge Medical Society; these are held monthly, excepting August and September, and count as clinical meetings of the Association. The Honorary Secretary of the West Suffolk Division of the British Medical Association invites members of the Cambridge Medical Society to a meeting of the Division at the West Suffolk General Hospital, Bury St. Edmunds, on March 4th, at 3 p.m., when Mr. A. W. Bourne, obstetric surgeon to out-patients, St. Mary's Hospital, Paddington, will read a paper on Ante-natal Care.

METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.—A meeting of the South Middlesex Division will be held at St. John's Hospital, Twickenham, on Tuesday, March 25th, at 8.15 p.m., for general business. At 8.30 an address will be given by Dr. Alfred Cox, Medical Secretary.

METROPOLITAN COUNTIES BRANCH: WESTMINSTER AND HOLBORN DIVISION.—The next meeting of the Westminster and Holborn Division will be held at the Criterion Restaurant on Thursday, March 13th. Dr. K. R. Hay, O.B.E., will take the chair at 8.30 p.m. The meeting will be preceded by dinner (price 7s. 6d.) at 7.30. If possible members are requested to notify the Honorary Secretary of their intention to be present and the number of guests. Agenda: (1) ordinary business; (2) paper by Sir George Lenthal Cheatle, K.C.B., C.V.O., on Mastitis, followed by a discussion. The paper will be illustrated by lantern slides, and it is hoped that a large number of members will be present.

MIDLAND BRANCH: LEICESTER AND RUTLAND DIVISION.—A meeting of the Leicester and Rutland Division will be held at the Medical Club, Bond Street, Leicester, to-day (Friday, February 29th), at 4 p.m. Agenda: Election of Representatives in Representative Body. Address on Psychotherapy in General Practice by Dr. A. N. Colahan, of the Ministry of Pensions Hospital.

MIDLAND BRANCH: LINCOLN DIVISION.—A meeting of the Lincoln Division will be held at the Lincoln General Dispensary, Silver Street, to-day (Friday, February 29th), at 3 p.m. Business: To consider report and following recommendation of Executive Committee:

> "That in the opinion of the Lincoln Division no medical practitioner within the area of the Division should apply for or hold an appointment falling vacant after July 23rd, 1923, as Medical Officer of Health to the City and County Borough of Lincoln at a lower rate of remuneration than £1,000 per annum, exclusive of travelling and other official expenses."

SOUTHERN BRANCH: ISLE OF WIGHT DIVISION.—A special meeting of the Isle of Wight Division will be held on Wednesday, March 12th, at 3 p.m., at the Unity Hall, Newport, to consider a proposed alteration in the rules. After this meeting Dr. Alfred Cox, Medical Secretary of the British Medical Association, will give an address on

Some Lessons for the Medical Profession from the Court of Inquiry. Non-members of the British Medical Association are cordially invited to attend.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.—The annual meeting of the West Suffolk Division will be held at the West Suffolk General Hospital, Bury St. Edmunds, on Tuesday, March 4th, at 3 p.m. Agenda: Correspondence; to receive annual report and balance sheet; election of officers; clinical paper by Mr. A. W. Bourne on Ante-natal Care. Tea at the conclusion of the meeting.

SURREY BRANCH: GUILDFORD DIVISION.—A clinical meeting of the Guildford Division will be held at the Royal Surrey County Hospital, Guildford, on Thursday, March 6th, at 4.30 p.m. Agenda: Dr. Mitchell, O.B.E., and Dr. Parker: Medical Cases. Paper by Dr. Weaver: Tumours of Douglas's Pouch. Tea served at 4.15 p.m.

YORKSHIRE BRANCH: HUDDERSFIELD DIVISION.—A meeting of the Huddersfield Division, to which all practitioners in the district are invited, will be held in the Nurses' Recreation Room, at the Huddersfield Royal Infirmary, on Wednesday, March 5th, at 8.15 p.m. prompt. Dr. G. C. Anderson, Deputy Medical Secretary, will give an address on the work of the British Medical Association on behalf of the general practitioner, with special reference to the Insurance Act.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—A general meeting of the Sheffield Division (postponed from November 23rd) will be held at the Church House, St. James Street, Sheffield, on Tuesday, March 4th, at 8.30 p.m. The business is of unusual importance and the presence of members of the Division is earnestly requested. Agenda: Report by Dr. Caiger upon the Annual Representative Meeting at Portsmouth; consideration of some matters concerning the School Medical Service.

YORKSHIRE BRANCH: WAKEFIELD, PONTEFRACT, AND CASTLEFORD DIVISION.—A meeting of the Wakefield, Pontefract, and Castleford Division will be held at the Bull Restaurant, Westgate, Wakefield, on Thursday, March 13th, at 8 p.m., when Dr. Maxwell Telling and Dr. McAdam of Leeds will speak on the Treatment of Diabetes.

## OFFICIAL DATES.

| | |
|---|---|
| Mar. 15, Sat. | Branch Reports for 1923 due by this date. |
| Mar. 31, Mon. | Nomination papers available (at Head Office) for election of members of Council by grouped Home Branches, and of Public Health Service members of Council and Public Health Service Representatives. |
| April 16, Wed. | Council. |
| April 28, Mon. | Last day for receipt at Head Office of nominations for election of 24 members of Council by grouped Home Branches, and for election of 2 Public Health Service members of Council and 4 Public Health Service Representatives in Representative Body. |
| May 3, Sat. | Annual Report of Council appears in SUPPLEMENT. |
| May 10, Sat. | Publication in SUPPLEMENT of list of nominations for election of members of Council by grouped Home Branches and of Public Health Service members of Council and Representatives. |
| May 10, Sat. | Voting papers issued for election of members of Council by grouped Home Branches, and of Public Health Service members of Council and Representatives. |
| May 13, Tues. | Independent motions for Annual Representative Meeting Agenda due at Head Office. |
| May 15, Thur. | Voting papers, for election of member of Council to represent West Indian and Canadian Group of Branches, due at Head Office. |
| May 17, Sat. | Last day for receipt at Head Office of voting papers for election, where there are contests, of members of Council by grouped Home Branches, and of Public Health Service members of Council and Representatives. |
| May 17, Sat. | Publication in SUPPLEMENT of Provisional Agenda of A.R.M., including independent motions. |
| May 17, Sat. | Representatives and Deputy Representatives must be elected by this date. |
| May 31, Sat. | Publication in SUPPLEMENT of results of Council elections by grouped Branches. |
| May 31, Sat. | Nomination papers available (at Head Office) for election of 12 members of Council by grouped Home Representatives. |
| June 5, Thur. | Names of Representatives and Deputy Representatives due at Head Office. |
| June 11, Wed. | Council. |
| June 28, Sat. | Supplementary Report of Council appears in SUPPLEMENT. |
| July 4, Fri. | Amendments and riders for A.R.M. Agenda due at Head Office. |
| July 18, Fri. | Annual Representative Meeting, Bradford, 10 a.m. |
| July 18, Fri. | Nominations for election of 12 members of Council by grouped Representatives due (at A.R.M., Bradford) by this date. |
| July 19, Sat. | Annual Representative Meeting, Bradford. |
| July 21, Mon. | Council, Bradford. |
| July 21, Mon. | Annual Representative Meeting, Bradford. |
| July 22, Tues. | Annual Representative Meeting, Annual General Meeting, and President's Address, Bradford. |
| July 23, Wed. | Council, Conference of Hon. Secretaries, Meetings of Sections, etc., Bradford. |
| July 24, Thur. | Meetings of Sections, etc., Bradford. |
| July 25, Fri. | Meetings of Sections, etc., Bradford. |

ALFRED COX, *Medical Secretary.*

# Naval and Military Appointments.

### ROYAL NAVAL MEDICAL SERVICE.

SURGEON LIEUTENANT COMMANDER S. H. VICKERY (since deceased) to be Surgeon Commander (October 1st, 1917).

Surgeon Lieutenant Commander E. W. Gandy, O.B.E., V.D., has been placed on the retired list with the rank of Surgeon Commander.

Mr. M. Barton has entered as Surgeon Lieutenant and is appointed to R.N. Hospital, Haslar, for course.

### ROYAL ARMY MEDICAL CORPS.

Major-General Sir David Bruce, K.C.B., F.R.S., retired pay, late R.A.M.C., is appointed Colonel Commandant, vice Major-General Sir Owen E. P. Lloyd, V.C., K.C.B., retired pay, late R.A.M.C.

The following to be Lieutenants on probation: C. R. Christian, J. Huston, E. G. Dalziel, M.C., C. W. Greenway, R. J. Rosie, M. A. Graham-Yooll, L. F. O'Shaughnessy from R.A.M.C.(T.A.) General List.

Lieutenants M. A. Graham-Yooll and L. F. O'Shaughnessy are seconded under the provisions of Art. 197, Royal Warrant for Pay and Promotion, 1922.

### ROYAL AIR FORCE MEDICAL SERVICE.

Squadron Leader P. T. Rutherford, O.B.E., to the Egyptian Group Headquarters.

Flight Lieutenants E. G. S. Hall to No. 208 Squadron, Egypt; E. A. Lumley, M.C., to Aircraft Dépôt, Egypt; A. E. Barr-Sim to Baghdad Combined Hospital, Irak, instead of to Headquarters Irak Command as previously notified.

## VACANCIES.

BATH EAR, NOSE, AND THROAT HOSPITAL.—Honorary Pathologist.

BIRMINGHAM ORTHOPAEDIC CENTRE.—Medical Superintendent at the Highbury, Uffculme, and Sorrento Hospitals. Salary £800 with emoluments, or £900 without.

BRADFORD CHILDREN'S HOSPITAL.—House-Surgeon. Salary £125 per annum.

CENTRAL LONDON THROAT, NOSE, AND EAR HOSPITAL, Gray's Inn Road, W.C.—Resident Medical Officer (male). Remuneration at the rate of £75 per annum.

CHARING CROSS HOSPITAL, W.C.2.—Assistant Obstetric Physician.

CHELTENHAM GENERAL AND EYE HOSPITALS.—Honorary Eye Surgeon.

DONCASTER ROYAL INFIRMARY.—Senior House-Surgeon (male). Salary £200 per annum.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—House-Physician (male). Salary at the rate of £150 per annum.

GORDON HOSPITAL FOR RECTAL DISEASES, Vauxhall Bridge Road, S.W.—Anaesthetist.

HALIFAX: ROYAL HALIFAX INFIRMARY.—(1) Honorary Ophthalmic Surgeon. (2) Honorary Radiologist.

HERTFORD COUNTY HOSPITAL.—Honorary Assistant Surgeon.

KING EDWARD VII WELSH NATIONAL MEMORIAL ASSOCIATION, Cardiff.—(1) First Assistant Resident Medical Officer at the South Wales Sanatorium, Talgarth, £375 per annum, rising to £450 *plus maintenance.* (2) Third Assistant Resident Medical Officer at the North Wales Sanatorium, Llangwyfan, £250 per annum, *plus* maintenance. (3) Assistant Resident Medical Officer at the Kensington Hospital, St. Brides, Pembrokeshire, £250 per annum, *plus* maintenance.

LAIRG PARISH.—Medical Officer. Salary £100 per annum and free house.

LEEDS CITY.—Assistant Medical Officer of Health. Salary £750 per annum.

LEICESTER EDUCATION COMMITTEE.—Assistant School Medical Officer (male). Salary £600 per annum.

LONDON HOMOEOPATHIC HOSPITAL, Great Ormond Street, W.C.1.—Third Anaesthetist. Honorarium £50 per annum.

MANCHESTER VICTORIA MEMORIAL JEWISH HOSPITAL.—Resident Medical Officer (male). Salary £250 for first year, rising to £300

METROPOLITAN EAR, NOSE, AND THROAT HOSPITAL, Fitzroy Square, W.1.—(1) House-Surgeon, non-resident. Salary £150 per annum. (2) Clinical Assistants.

NATIONAL HOSPITAL FOR DISEASES OF THE HEART, Westmoreland Street, W.1.—Resident Medical Officer (male). Salary at the rate of £150 per annum.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Assistant Physician.

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Lectureship on Medical Jurisprudence.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.1.—(1) Two Assistant Resident Medical Officers. (2) Senior Resident Medical Officer. Salary at the rate of £80 per annum for (1) and £100 for (2).

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—(1) House-Physician. (2) House-Surgeon. Salary at the rate of £100 per annum.

RICHMOND: ROYAL HOSPITAL.—Assistant House-Surgeon (male). Remuneration £100 per annum.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—House-Surgeon.

ROYAL MANCHESTER CHILDREN'S HOSPITAL, Pendlebury.—Resident Surgical Officer. Appointment for six months. Salary £80 per annum, eligible for reappointment for further six months as Resident Medical Officer, salary £120 per annum.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.1.—House-Surgeon. Salary at the rate of £150 per annum.

ST. MARK'S HOSPITAL FOR CANCER, FISTULA, etc., City Road, E.C.1.—House-Surgeon. Salary £200 per annum.

ST. THOMAS'S HOSPITAL, S.E.—Ophthalmic Surgeon with charge of Out-patients.

SALFORD ROYAL HOSPITAL.—(1) Resident Medical Officer. (2) Three House-Surgeons. (3) Casualty House-Surgeon. Males. Salary at the rate of £175 per annum for (1), and £125 for (2) and (3).

SHEFFIELD ROYAL INFIRMARY.—Assistant Casualty Officer. Salary £60 per annum.

SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—Junior House-Surgeon, male, unmarried. Salary at the rate of £150 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.6.—(1) House-Physician. (2) Two House-Surgeons. Males. Salary at the rate of £100 per annum.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.*

## APPOINTMENTS.

FRANKLIN, Charles A. H., M.R.C.S., L.R.C.P., Casualty Officer and Registrar at the Victoria Hospital for Children, Tite Street, Chelsea.

HUNT, E. R., M.D.Cantab., M.R.C.P.Lond., Honorary Consulting Physician to the Haywards Heath Hospital.

SCOTT, T. Graham, Anaesthetist, Royal Eye Hospital, Eastbourne.

CERTIFYING FACTORY SURGEONS.—R. F. C. H. Buchanan, L.R.C.P. and S.Edin., L.R.F.P.S.Glas., for the Coniston District, co. Lancaster; J. M. Henderson, M.B., Ch.B.Glas., for the Greenlaw District, co. Berwick; A. Lindsay, M.B., Ch.B., for the Nantgaredig District, co. Carmarthen.

## DIARY OF SOCIETIES AND LECTURES.

ROYAL SOCIETY OF MEDICINE.—*Section of Tropical Diseases and Parasitology:* Mon., 8.30 p.m., Lieut.-Colonel R. McCarrison, I.M.S.: Rice in Relation to Beri-beri in India. *Section of Orthopaedics:* Tues., 5 p.m., Cases and Specimens. *Section of Pathology:* At Lister Institute, Chelsea Gardens, S.W.1. Tues., 8.30 p.m., Drs. S. P. Bedson and M. E. Johnston: Further Observations on the Genesis of Platelets; Mr. H. Schutze: Results of Treating Tuberculous Guinea-pigs with Diaplyte Vaccine; Dr. J. A. Arkwright and Mr. A. N. Goyle: The Relation of "Rough" and "Smooth" Variants to the "O" and "H" Forms of Weil and Felix; Mr. M. L. Cowan: Experimental Production of Immunity to Streptococci in Rabbits; Dr. E. E. Atkin: A Comparison of Meningococcal and Gonococcal Colonies on a Special Medium. *Sections of Medicine, Surgery, and Therapeutics and Pharmacology:* Wed., 5.30 p.m. Joint Discussion: The Treatment of Severe Gastric and Duodenal Haemorrhage. Speakers: *Surgical,* Messrs. H. J. Paterson, A. H. Burgess, R. P. Rowlands, G. Gordon-Taylor; *Medical,* Sir William Willcox, Drs. A. Hurst, Izod Bennett; *Therapeutical,* Dr. P. Hamill. *Section of Balneology and Climatology:* Thurs., 5.30 p.m., Dr. J. Burt: Causes of Brachialgia. *Sections of Study of Disease in Children, Neurology, Obstetrics and Gynaecology, and Orthopaedics:* Thurs., 8 p.m. Joint Discussion: Birth Injuries, with Special Reference to Intracranial Injuries with Haemorrhage, and to Nerve Injuries. Opener: Mr. Eardley Holland (Obstetrics and Gynaecology). Other Speakers: Dr. Collier (Neurology), Mr. Fairbank (Orthopaedics), Dr. Cameron (Study of Disease in Children). *Section of Laryngology:* Fri., 4 p.m., Cases. 5 p.m., Discussion: Suppurative Diseases of the Frontal, Ethmoidal, and Sphenoidal Sinuses, in which the following will take part: Mr. Herbert Tilley, Sir StClair Thomson, Sir William Milligan, Mr. E. Watson-Williams, Mr. Logan Turner, Dr. P. Watson-Williams, Dr. W. T. Gardiner. Illustrative Cases will be shown. *Section of Anaesthetics:* Fri., 8.30 p.m., Professor Storm van Leeuwen (Leyden): The Anaesthetic Properties of the Purest Ether: Ether of Crystallization. *Section of Otology:* Sat., 9.15 a.m., Cases. 10 a.m., Specimens.

HUNTERIAN SOCIETY, Mansion House, E.C.—Mon., 9 p.m., Hunterian Oration by Sir S. Russell-Wells: Changing Standpoints in Cardiac Medicine.

INTERNATIONAL SOCIETY OF MEDICAL HYDROLOGY, 1, Wimpole Street, W.—Wed., 4.30 p.m., Discussion: The Treatment of Tropical Diseases by Waters and Baths. Speakers: Dr. Pierret (La Bourboule), Dr. Wybauw (Spa), Dr. Pringle (Harrogate), Dr. Forster (Cheltenham), Sir James Cantlie, and Dr. Ferryrolles. All medical men are cordially invited.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Wed., 9 p.m., Second Lettsomian Lecture by Dr. R. A. Young: The Treatment of Pulmonary Tuberculosis.

NORTH-EAST LONDON CLINICAL SOCIETY, Tottenham Hospital, N.—Wed., 4 p.m., Dr. Tresilian: Old Drugs and New.

## POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION.—Monday to Saturday. *Bethlem Royal Hospital:* Course in Psychological Medicine, Sat., 11 a.m., Dr. Porter Phillips: Diagnosis and Symptomatology of Mental Diseases. *Chelsea Hospital for Women:* Daily, Operations, etc. Mon., 2 p.m., Mr. Giles; Tues., 5 p.m., Mr. Bonney: Mechanism of Genital Displacement; Wed., 2 p.m., Mr. Galletly: Case Taking. Demonstration in Wards—4 p.m., Mr. Ellison: Pelvic Pain; Thurs., 2 p.m., Mr. Giles; Obstetrics and Gynaecology in Relation to the State; Fri., 2 p.m., Mr. Banister: Disorders of Micturition. *The Royal Free Hospital:* Wed., 5.30 p.m., Dr. Heald: Diathermy Current: Uses and Applications. *Royal Northern Hospital,* in conjunction with the Central London Ophthalmic Hospital, North Eastern Fever Hospital, and Royal Chest Hospital. Special Intensive Course (first week). Further particulars can be obtained from the office at No. 1, Wimpole Street, W.1.

CANCER HOSPITAL, Fulham Road, S.W.3.—Wed., 4.30 p.m., Dr. Stanley Wyard: Cancer of the Stomach.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Thurs., 4 p.m., Dr. A. M. H. Gray: Ringworm.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital for Diseases of the Skin, Leicester Square, W.C.2.—Tues., 5 p.m., Dr. Whitfield: Lichen Planus. Thurs., 5 p.m., Chesterfield Lecture by Dr. W. Fox: Cutaneous Syphilis.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.1.—Mon., Tues., Thurs., and Fri., 2 p.m., Out-patient Clinics. Mon., 12 noon, Subacute Combined Degeneration, etc.; 3.30 p.m., Paraplegia. Tues., 3.30 p.m., Subacute Combined Degeneration. Wed., 3.30 p.m., Ocular Palsies. Wed. and Thurs., 12 noon, Anatomy and Physiology of Nervous System. Thurs., 3.30 p.m., Electrical Reaction of Muscles. Fri., 3.30 p.m., Neuro-syphilis. Operations, Tues. and Fri., 9 a.m.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham.—4.30 p.m.: Mon., Mr. A. Goodwin: Retroversion. Tues., Mr. C. H. Hayton: Septic Sinus Thrombosis of Otitic Origin. Thurs., Mr. J. B. Banister: Prolapse. Fri., Dr. L. R. Yealland: Clinical Demonstration.

QUEEN CHARLOTTE'S LYING-IN HOSPITAL, Marylebone Road, N.W.—Thurs., 5 p.m., Mr. Gilliatt: Eclampsia and its Treatment.

ROYAL INSTITUTE OF PUBLIC HEALTH, 37, Russell Square, W.C.1.—Wed., 4 p.m., Dr. B. T. J. Glover: Difficulties in the Campaign against Tuberculosis.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, Balham, S.W.12.—Wed., 4 p.m., Dr. T. Grainger Stewart: Neurological Cases.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL, Gower Street, W.C.1.—Mon., 5 p.m., Dr. C. Singer: The History of the Plague.

UNIVERSITY OF LONDON.—At St. Thomas's Hospital: Thurs., 5 p.m., Dr. J. A. Murray: Cancer. At St. Mary's Hospital, Paddington: Thurs., 5 p.m., Professor B. J. Collingwood: Blood.

WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.—Mon., 2 p.m., Surgical Wards; Tues., 12 noon, Chest Cases; Wed., 2 p.m., Medical Wards; Thurs., 12 noon, Demonstration of Fractures; Fri., 10.30 a.m., Medical Wards; Sat., 10 a.m., Medical Diseases of Children. Daily 10 a.m. to 6 p.m., Sat. 10 a.m. to 1 p.m., In- and Out-patients, Operations, Special Departments.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Royal Infirmary: Wed., 4.15 p.m., Dr. David Watson: Venereal Diseases (male). At Victoria Infirmary: Thurs., 4 p.m., Dr. Ivy McKenzie: Medical Ophthalmology.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL.—3.30 p.m.: Mon., Children's Hospital, Mr. McMurray: Congenital Deformities. Tues., Southern Hospital, Dr. J. H. Mather: *X* Rays in Diagnosis of Phthisis. Wed., Northern Hospital, Dr. Cunningham: Acidosis. Thurs., Stanley Hospital, Mr. F. Strong Heaney: Infections of Bladder and Kidneys. Fri., Royal Infirmary, Dr. Wallace Jones: Prognosis and Treatment of Kidney Disease.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Dr. W. E. Fothergill: Puerperal Pelvic Infection.

MANCHESTER: ST. MARY'S HOSPITALS.—Whitworth Street West Branch: Fri., 4.30 p.m., Dr. J. W. Bride: Haemorrhage in Association with Pregnancy, Labour, and the Puerperium.

SHEFFIELD UNIVERSITY FACULTY OF MEDICINE.—At Royal Infirmary: Tues., 3.30 p.m., Mr. Finch: Injury to the Semilunar Cartilages. At Royal Hospital: Fri., 3.30 p.m., Professor Hall: Some of the Late Results of Epidemic Encephalitis (Encephalitis Lethargica).

## British Medical Association.

*OFFICES AND LIBRARY, 429, STRAND, LONDON, W.C.2.*

### *Reference and Lending Library.*

THE READING ROOM, in which books of reference, periodicals, and standard works can be consulted, is open to members from 10 a.m. to 6.30 p.m., Saturdays 10 to 2.

LENDING LIBRARY: Members are entitled to borrow books, including current medical works; they will be forwarded if desired, on application to the Librarian, accompanied by 1s. for each volume for postage and packing.

### *Departments.*

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate, Westrand, London).
MEDICAL SECRETARY (Telegrams: Mediseera, Westrand, London).
EDITOR, *British Medical Journal* (Telegrams: Aitiology, Westrand, London).
*Telephone number for all departments:* Gerrard 2630 (*3 lines*).

SCOTTISH MEDICAL SECRETARY: 6, Rutland Square, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 4361 Central.)
IRISH MEDICAL SECRETARY: 15, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

### *Diary of the Association.*

FEBRUARY.

29 Fri. Leicester and Rutland Division: Medical Club, Bond Street, Leicester. Address by Dr. A. N. Colahan on Psychotherapy in General Practice, 4 p.m.

MARCH.

4 Tues. Coventry Division: Coventry and Warwickshire Hospital. Paper by Dr. James Neal on Some Difficulties met with in Medical Practice and how they can be avoided, 8.30 p.m.
Sheffield Division: Church House, St. James Street, Sheffield, 8.30 p.m.
West Suffolk Division: Annual Meeting. West Suffolk General Hospital, Bury St. Edmunds. Paper by Mr. A. W. Bourne on Ante-natal Care, 3 p.m.

5 Wed. Bolton Division: Dinner, 7 p.m.
Huddersfield Division: Nurses' Recreation Room, Huddersfield Royal Infirmary. Address by Dr. G. C. Anderson, Deputy Medical Secretary, 8.15 p.m.

6 Thurs. Eastbourne Division: Address by the Medical Secretary, 8.30 p.m.
Guildford Division: Clinical Meeting, Royal Surrey County Hospital, 4.30 p.m.

7 Fri. Cambridge and Huntingdon Branch, with Cambridge Medical Society: Addenbrooke's Hospital, 2.30 p.m.

11 Tues. London: Propaganda Subcommittee, 2.30 p.m.
Dudley Division: Town Hall, Stourbridge. B.M.A. Lecture by Dr. Bernard Myers: Nutritional Disturbances of Infancy, 2.45 p.m.

12 Wed. London: Cardiac Disease Subcommittee, 10.30 a.m.
Isle of Wight Division: Unity Hall, Newport. Address by Dr. Alfred Cox on Some Lessons for the Medical Profession from the Court of Inquiry, 3 p.m.

13 Thurs. Southampton Division: Address by the Medical Secretary, 9 p.m.
Wakefield, Pontefract, and Castleford Division: Bull Restaurant, Westgate, Wakefield. Discussion on the Treatment of Diabetes, 8 p.m.
Westminster and Holborn Division: Criterion Restaurant. Paper by Sir G. Lenthal Cheatle on Mastitis, 8.30 p.m., preceded by Dinner, 7.30 p.m.

14 Fri. London: Public Health Committee, 2.15 p.m.
17 Mon. London: Non-Panel Subcommittee, 3 p.m.
19 Wed. London: Hospitals Committee, 2.30 p.m.
20 Thurs. London: Insurance Acts Committee, 12 noon.
21 Fri. Organization of Medical Students' Subcommittee.
25 Tues. South Middlesex Division: St. John's Hospital, Twickenham. General Business, 8.15 p.m. Address by Dr. Alfred Cox, Medical Secretary, 8.30 p.m.
26 Wed. London: Medico-Political and Parliamentary Committee, 2.30 p.m.
Bradford Division: B.M.A. Lecture by Professor E. Mellanby: Deficiency Diseases with Special Reference to Rickets, 8.30 p.m.
Leeds Division. B.M.A. Lecture by Professor F. R. Fraser: Actions of Digitalis in Man and its Therapeutic Uses, 4 p.m.

## BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

### MARRIAGES.

BRENTNALL—SHANKS.—On February 20th, at the Congregational Church, Marple Bridge, by the Rev. Norman Elliott, M.A., Charles Gordon Brentnall, M.C., M.B., Ch.B., youngest son of Mr. and the late Mrs. S. Brentnall, to Janet Helen, fifth daughter of Mr. and Mrs. Andrew Shanks, "Ingleside," Marple Bridge. At Home: April 10th, "Grange Mount," Padgate, near Warrington.

NICHOLLS—WILKES.—At the Parish Church, Darlington, on February 19th, Lieutenant Commander William Nicholls, R.N.R., to Edith Grace Wilkes, M.A., M.B., Ch.B., daughter of the late R. M. Wilkes, Esq., M.A., B.C.L., Solicitor, and Mrs. Wilkes, 23, Victoria Road, Darlington.

### DEATHS.

BRERETON.—On February 5th, at his residence, Prospect Hill, Galway, after a short illness, William Westropp Brereton, late Professor of Surgery, Queen's College, Galway, aged 80 years.

TOWNSHEND.—On February 19th, Cecil Townshend, M.D., C.M., of 135, High Road, Leyton, aged 45.

Printed and published by the British Medical Association, at their Office, No. 429, Strand, in the Parish of St. Martin-in-the-Fields, in the County of London.